

Name

JAN - 8 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

ANNE TERRY		☐ House ☐ Senate
Mailing address 474 South, St.	- The state of the	District 3/
City, zip code	over on over over consistence consistence on one consistence consi	Phone 207-454-7
	DERIVED FROM EMPLOYMENT BY AND	
List the name and address of each employer from economic activity of each employer.	whom you received compensation of \$1,000 or	r more. Specify the principal type o
Name of Employer	Address	Principal Type of Economic Activity of Employer
	37 Palmer St, Black ME 046/9	Rural Health
Husson limiters to	Bangor, ME 04401	Edecation
		THE PARTY OF THE P
	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)	
A. List the name and address of your business, if a associated with a partnership, firm, professional assentity.	ny, and list the major areas of economic activit	y from which you derived income. It or areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		
Name: Address:		

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-en		
B. List each source of income derived from self-employment that represents me greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	ore than 10% of your gross	ed such income. If this form of
Name and Address of Source	A	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name:		
Address:	makhalikii indohandahakan hadada ka arkama majamiliki in masa manya panya panya panya manyik pampainyi ka pany	ERYTYN MONTE I I MONTYN EIGEN MONTYN ANN ANN ANN ANN ANN ANN ANN ANN ANN A
Name:	N CO TO THE SECOND	
Address:		
	NAME OF THE OWN OF TH	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-		
List your major areas of practice. If associated with a law firm, list the major area	and the state of t	an naga nagalawan ka kaman naga na manan naga na manan naga naga
Name and Address of Firm	Major Areas of Practice (self)	e Major Areas of Practice (firm)
Name:		(P)
Address:	NEED-VINNAMININAMININAMININAMININAMININAMININAMININAMININAMININAMININAMININAMININAMININAMININAMININAMININAMINI	
Name:		manual constitution of the
Address:		энсемосочиновами объемостичного объе
PART 4. OTHER SOURCES O		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this 1	form. Do not include gifts.	If none, check the box.
None		Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name:		
Address:	ggg/Curichwyw No.	
Name:		того может в тем типет предоставления по поставления по поставления по тем по поставления по поставления по по Поставления по поставления по поставления по поставления по поставления по поставления по поставления по поста
Address:	Announcembly	
PART 5. REPORTABLE LIA	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	ou received during the repositions of the reposition of the received during the reposition of the reposition of the reposition of the received during the reposition of the re	orting period, and list the major sheck the box.
None	Nationalistics and antichalistic language part (apply to the post of participation of the participation of the	
Name and Address of Creditor	nan ini ini a ani mara ani palama ani ani ani ani ani pani pani pani pan	Principal Type of Economic Activity of Creditor
Name:) Advisiv Namedda	
Address:	Maderick Pill Ferrice	
Name:		
Address:	SS. K. Schmand, A.A.	

PART (S. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incone, check the box.	clude gifts with an aggregat	te value of more than \$300 from a sin	gle source. If
None	omer men en e	A Particular for the contribution of an extension of the contribution of the contribut	withow//workershiphore
Name of Source of Gift 1.	3.	Name of Source of Gift	pout protegion de la popular de la companya del la companya de la
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	4.		
The state of the s	EPORTABLE HONORA		
List the source of any honoraria accepted for appearances o	or speeches related to your l	legislative responsibilities. If none, che	3ck the box.
Name of Source of Honoraria			and a septimized to decimal and all all and a septimized to the septimized the septimized at the septimized the septimized at the septimiz
Name of Source of Honoraria	overaller alleig get einheid de seinheid (edge est au	Name of Source of Honoraria	
	3.	An and an analysis of the Annie	Engryppinson y voor Asterial States (100 Met 100 Met 1
2.	4.		
	TATION BEFORE STAT		
List each executive branch agency before which you repres box.	sented or assisted others fo	or compensation of any amount. If no	ne, check the
None	emmentekkinkili (1.0 ±20 k) ± aannoon, soon este ei gemonikkinke eenkakkinkinkinkinkinkinkinkinkinkinkinkinkin	the Control of the Section of the Se	Pro-3 Pro-1889-20 Parallel St. Ph. St. Print St. V. St. Willel M. Manusser et Carelle St. V.
Name of Agency		Name of Agency	
1.	3.		
2.	4.	unner green gegen gegen de de Konstalande de de de de de men en grego en en green de de de de de de de de de d	Sopogggag (Varieta Sensiana) i Birilindel (Mellel (Melle) (Mellel (Melle) (Mellel (Mellel (Mellel (Mellel (Mellel (Mellel (Mellel (Melle) (Mellel (Mellel (Mellel (Mellel (Mellel (Mellel (Mellel (Melle) (Mellel (Mellel (Mellel (Melle) (Melle) (Mellel (Mellel (Melle) (Mellel (Mel
	NESS WITH STATE AGE		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate ramil	ly sold goods or services with a value	in excess of
None	manada engilimmahahanga di anagan mana ya sa sanaga mananaha anamanaha anamanaha sa sanaga sa sanaga sa sanaga	Party of Anna Carlot (Party of Anna Carlot Anna Anna Anna Anna Anna Anna Anna Ann	Elevidoraliskus paraparas ji programarusiama Elevidoraliskus vakudaruš
Name of Agency	echanical establishmental (establishmental establishmental est	Name of Agency	
1.	3.		
	4.		izztraintiluenagauruntaggatujungsphasiatushkesso
PART 10. INCOME RECEIV	ED BY MEMBERS OF IN	MMEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	of income of \$1,000 or mod	re received by your spouse or domes	tic partner or eived \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received		me
Name:	1.	Spouse or 1.	AND THE REAL PROPERTY OF THE P
Job Title:	2.	Domestic 2.	• 1
	3.	3.	
If decorded bilding the state of the state o		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	

Dependent Child

Title		Member's Compen- ame sated?
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	<u> </u>	
SIGNATURE		
ent is subject to a fine of	up to \$100. (1 M.R.S.A.	§ 1017-A)
crime. If the Commission	n concludes that it appe	ars that a Legislator
s of fact to the Attorney G	enerai. (1 M.R.S.A. § 10	019)
	A 1.	
<u> </u>		
Date		
ITIONAL INFORMATION		
d on additional sheets if n	eeded). Indicate the pa	rt or section number
	nent is subject to a fine of a crime. If the Commissions of fact to the Attorney G	Baand Mundy MySelf My

PART 11. OFFICER OR DIRECTOR POSITIONS